

*John Bosanci*  
 Died at *South Baltimore* *AA*  
 Town County  
 Date *NOV 1902* *1* *31* *24*  
 Month Day Y. M. D.  
 Age *24*  
 Native of *Austria* Occupation *Laborem*  
 Male White Married Widowed Divorced  
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

MARYLAND

Husband of  
 Wife

Father's Name *Paul Bosnaci* Mother's Name *TV*

Cause of Death { Primary *Choking* Immediate *Strangulation* }  
 How long sick \_\_\_\_\_  
 Accident, ~~Suicide~~, ~~Homicide~~

Reported by *Wm L. Hawkinson*  
 Address *Brooklyn*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

John Bosanci

Town

County

MARYLAND

Died at South Ballin

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 1 - 31

Age 24

Austria

Lumber

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of

Primary

Drowning

How long sick

Death

Immediate

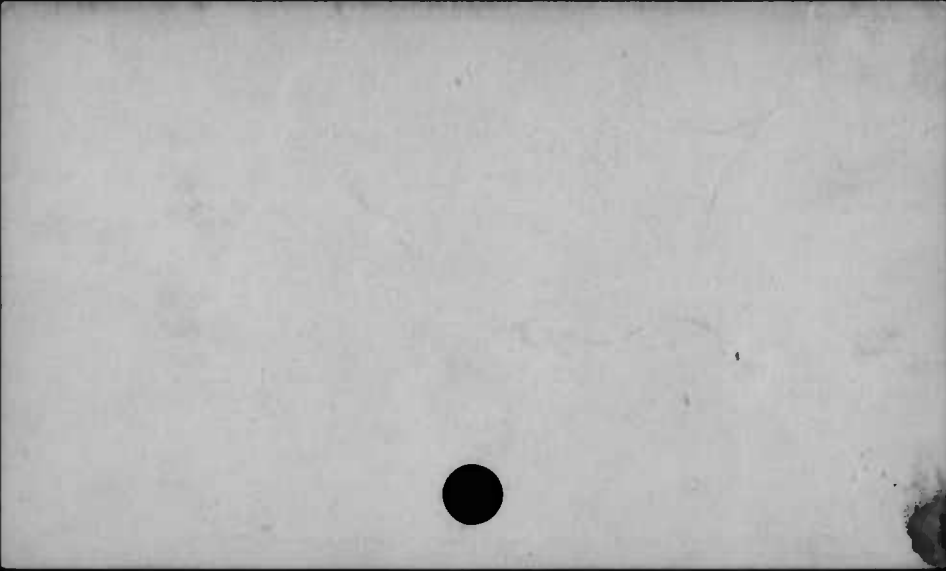
Drowning

Accident, Suicide, Homicide

Reported by

Wm L Haebler  
Brooklyn Ma

To be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Shornab J. Burns

Town

County

Died at Annapolis Anne Arundel MARYLAND

Date 1902	Month Jan	Day 28	Y. 31	M.	B.	Native of Md.	Occupation Carpenter
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband of

Wife

Father's Name Louis Burns	Mother's Maiden Name Caroline Hoban
---------------------------	-------------------------------------

Cause of Death	Primary	Tuberculosis	How long sick	6 mos.
	Immediate	Exhaustion	Accident, Suicide, Homicide	

Reported by

Address

W. Levent Lande M.D.  
5 St. John St. Annapolis, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Bessie Carter

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Jan

28

Age

51

7

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

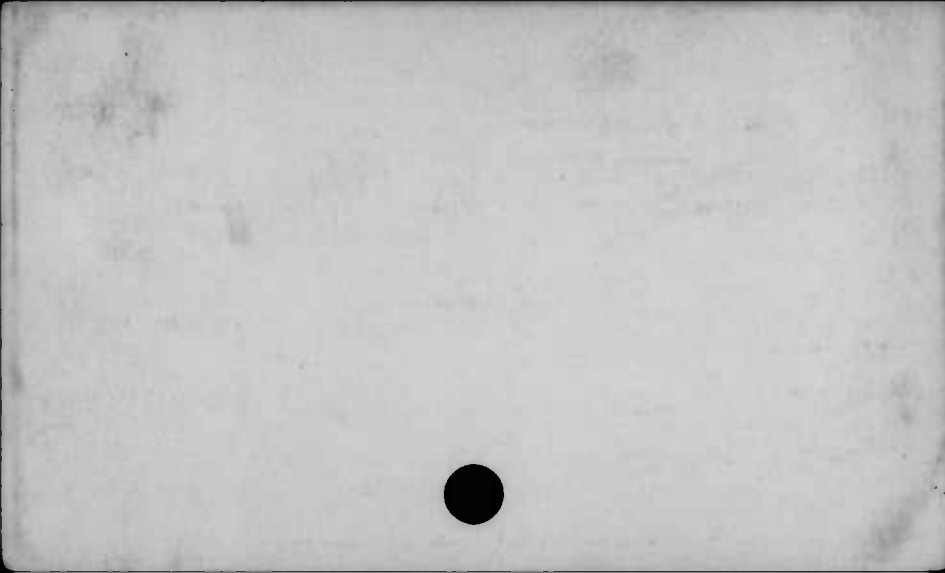
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75898



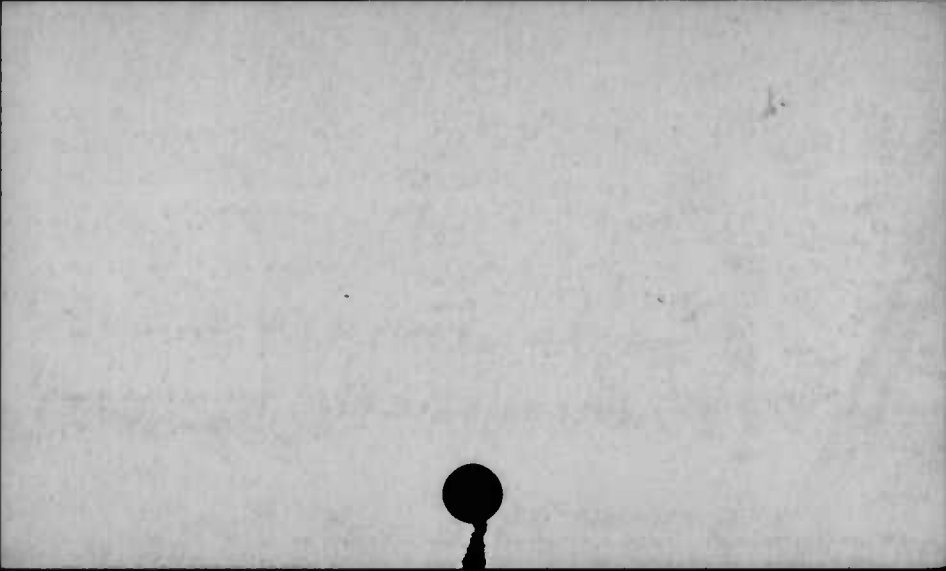


Name In Full

Certificate of Death

Amelia Virginia Chasie  
 Town County  
 Died at Conways Anne Arundel MARYLAND  
 Date 1902 1 2 Age 47 Male White Married Widw Divorced Native of Md Occupation Housekeeper  
 Number of children living 11  
 Husband of Alfred R Chasie  
 Wife  
 Father's Name John R Brown Mother's Name Charlotte King  
 Cause of Death Primary Typhoid Pneumonia 13 days  
 Immediate Perforation of Bowel from Typhoid  
 How long sick  
 Accident, Suicide, Homicide  
 Reported by J W Dr Vincent  
 Address Gambrills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

\_\_\_\_\_ *bolbert*

Died at *Annapolis* <sup>Town</sup> *St. A.* <sup>County</sup> *MARYLAND*

Month *Jan* Day *7th* Y. *A.* M. *A.* D. *A.* Native of \_\_\_\_\_ Occupation \_\_\_\_\_

Date 1902 *Jan 7th* Age \_\_\_\_\_

Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒

Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living \_\_\_\_\_

Husband of

Wife

Father's Name *Wm A. bolbert* Mother's Name *Ella A. Stansbury*

Maiden Name \_\_\_\_\_

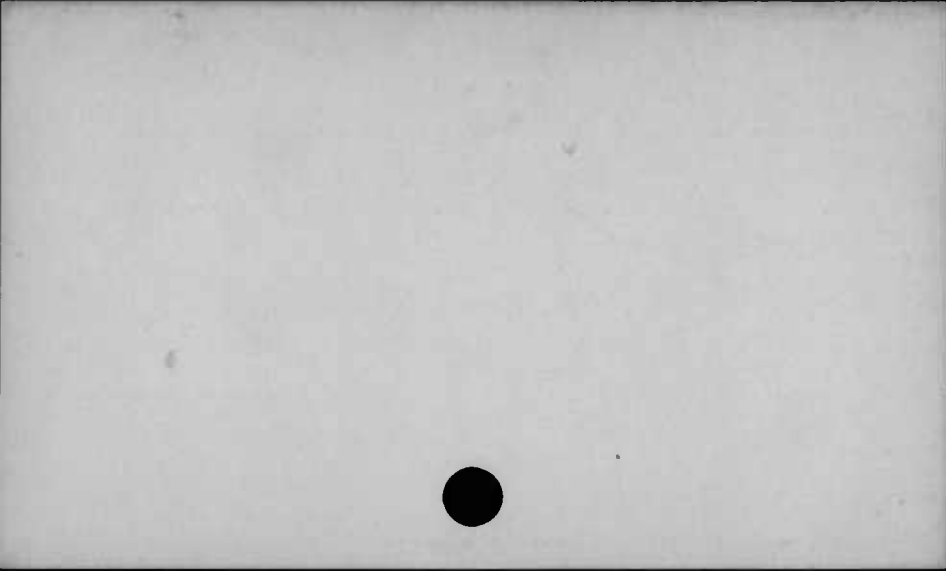
Cause of Death { Primary *Still-born* Immediate *Still-born* } How long sick \_\_\_\_\_

Accident, Suicide, Homicide \_\_\_\_\_

Reported by *Charlotte Goodrich*

Address *Midway Annapolis Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

George Day

Town

County

MARYLAND

Died at

Annapolis

Anne Arundel

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Jan. 14

Age about 24

Maryland

Laborer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

one

Husband

of

~~Wife~~

Father's

Name

Eve Day

Mother's

Maiden Name

Harriet Johnson

Cause of

Primary

Drowning 172

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Charles G. Feldmeyer

Annapolis Md.

Acting Coroner

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75808



Name in Full

Certificate of Death

Harry A. Dorem

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Jan 27

Age

4. months

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Edmund Dorem

Mother's

Maiden Name

Mary Williams

Cause of

Primary

Consumption

How long sick

3 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

Hermon H. Hall

Address

Undertaker [Redacted] Annapolis Md

Minister signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79868





Samuel Arvury

Town

County

MARYLAND

Died at Harwood a.d.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

1

30

Age

70

U.S.

Farmer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

Wife

Father's

Name

Plummer D.

Mother's

Maiden Name

Unknown

Cause of

Primary

apoplexy

64

How long sick

3 days

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Smy Walter Raterman M.A.

Address

West River Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Elizabeth Miranda Duval

Town

County

MARYLAND

Died at

Conways

Anne Arundel

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

1

10

Age

59

Maryland Housekeeper

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~~~Husband~~

of

George A Duval

Wife

Father's

Mother's

Name

Moses Donaldson

Maiden Name

Rachel Elder

Cause of

Primary

Typhoid Pneumonia

How long sick

11 days

Death

Immediate

Lincoke

~~Accident, Suicide, Homicide~~

Reported by

JH DuBris MD

93

Address

Geontrills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



David Ervan Owens.

Town

County

Died at Annapolis Anne Arundel MARYLAND

Date 1902 Jan. 20 Age 8 Native of Md Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of \_\_\_\_\_

Wife \_\_\_\_\_

Father's Name James Evans Mother's Name Rebecca Cantler

Maiden Name

Cause of Death Primary Immediate Infant's Lockjaw

How long sick Since birth

Accident, Suicide, Homicide

Reported by Geo Wells M.D.

Address Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Margory Les Griner

Died at Shady Side Town A. A. County MARYLAND

Date 1902 Jan 30 Month Day Y. M. D. Age 4 Native of Maryland Occupation  
~~Male~~ White ~~Married~~ Widow ~~Divorced~~  
 Female ~~Colored~~ Single Widower Number of children living

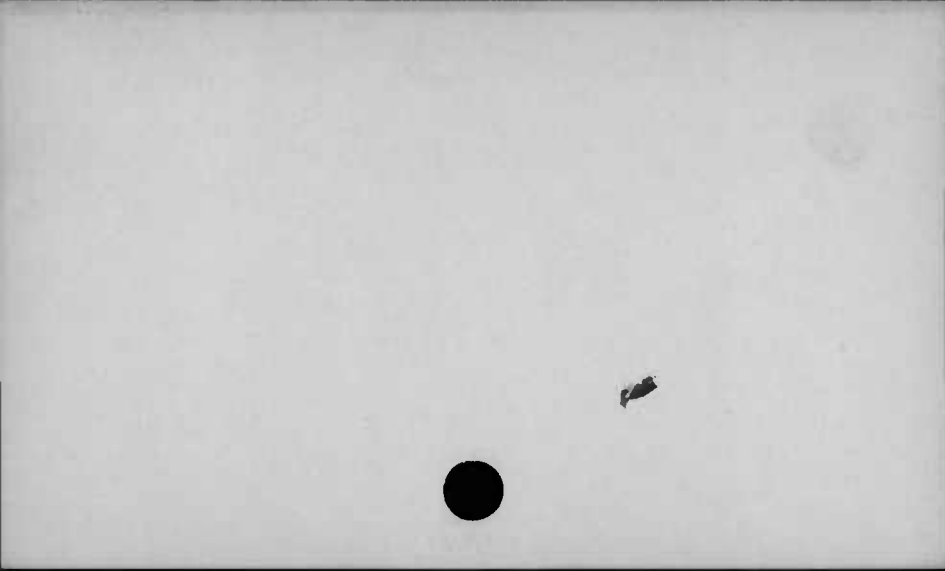
Husband of \_\_\_\_\_  
 Wife \_\_\_\_\_  
 Father's Name John R. Griner Mother's Maiden Name Annie Eugene Parks

Cause of Death { Primary Meningitis How long sick 3 days  
 Immediate Convulsion Accident, Suicide, Homicide

Reported by Geo. T. Dent M. D.  
Churckton Ind

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

*Hall*

Died at *Watubung* Town *Armed* County *Armed* MARYLAND

Date 189 *1902* Month *1* Day *7* Y. M. D. Age *74* Native of *Ind* Occupation

Male ☐ White ☐ Married ☐ Widow ☐ Divorced ☐ Number of children living *0*

Female ☐ Colored ☐ Single ☐ Widower ☐

Husband of  
Wife

Father's Name *Unknown* Mother's Name *Rebecca Ann Hall*

Cause of Death ☐ Primary *Still born* ☒ Immediate *OVER* How long sick *0*

Accident, Suicide, Homicide ☐

Reported by *Laura Hawkins Midwife*

Address *Watubung* *Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. \_\_\_\_\_  
of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_  
of \_\_\_\_\_

Information contained in this certificate re-  
ceived from \_\_\_\_\_  
of \_\_\_\_\_

Name In Full

Certificate of Death

Addie Stanod

Town

County

MARYLAND

Died at

Date 19 02

Month

Day

Y.

M.

D.

Native of

Occupation

Annapolis

Ad

Jan 1st

4

Age

Ad

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

~~Single~~

Widower

Number of children living

Husband  
of  
WifeFather's  
Name

Mother's

Maiden Name

George Stanod

Addie Richardson

Cause of

Primary

Immediate

Death

Pneumonia as  
Asthma

How long sick

Three days

Accident, Suicide, Homicide

Reported by

No Physician

Reported by

Address

Annapolis

J. A. Adams, Inspector  
Investigated by Health Officer

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76696



Name in Full

Certificate of Death

*John C Hudson*

Town *Patuxent* County *Anne Arundel* MARYLAND

Died at *Patuxent Anne Arundel*

Date 19*02* Month *1* Day *8* Age *47* Y. M. D. Native of *England* Occupation *Machinist*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Widower ☐ Number of children living *4*

Husband of *Elizabeth Hudson*

Father's Name *Robert Hudson* Mother's Name *Helen Toon*

Cause of Death { Primary *Strangulated Hernia* Immediate *Gangrene* } How long sick *24 hours* Accident, Suicide, Homicide

Reported by *Gas. E. Moque (JP)*

Address *Gambrells A A Co Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Emma Louise Jacobs

Town

County

Died at

Annapolis, A. A. Co

MARYLAND

Date 19

02

Month

Day

Jan 15

Y.

M.

D.

Native of

Occupation

Age

24

City

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Levise Jacobs

Mother's

Maiden Name

Annie Davis

Cause of

Primary

Convulsions

How long sick

2 days -

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

William Bishop M.D.

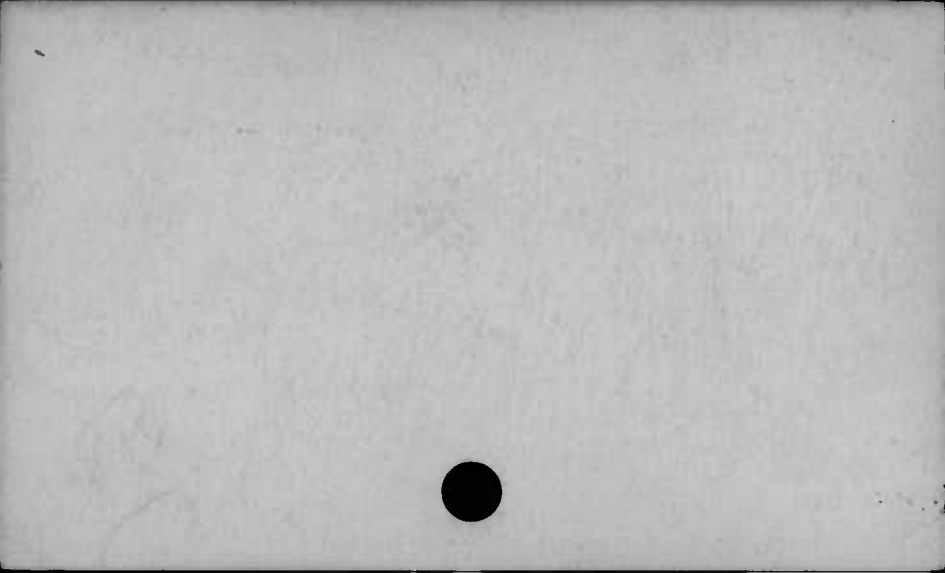
Address

12 Church

Circle

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Name In Full

Certificate of Death

Henry Jennings

Henry Jennings

Town

County

Died at

Eastport

A Anne

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02 Jan 2nd

Age

22

ma

Laborer

Male

~~White~~

Married

Widow

~~Divorced~~

Number of children living

None

Husband

of

Rosa Simpkins

Wife

Father's

Name

Moses Jennings

Mother's

Maiden Name

Julia Ford

Cause of

Primary

Syphilis

How long sick

Six months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

John Ridout MD

Address

Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

Thomas Johnson

Died at <sup>Town</sup> Williams <sup>County</sup> Anne Arundel

MARYLAND

Date 1902 Jan 19 Month Day Y. M. D. Age 40 Native of Anne Arundel Occupation Farmer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

3

Husband of Sarah Johnson

Father's Name Thomas Johnson Mother's Maiden Name Mary Ordern

Cause of Primary

Death

Immediate

Paralysis of Brain

How long sick

3 weeks

~~Accident, Suicide, Homicide~~

Reported by

C. R. Winkerson M.D.

Address

1 Elbridge

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name In Full

Certificate of Death

John Wesley Kent

Town

County

Died at

MARYLAND

Bay Ridge Act  
 Date 1902 Jan 16th Age 63 yrs. Male ~~White~~ Married ~~Widow~~ ~~Divorced~~ Native of Md. Occupation Farmer  
~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 9.

Husband of Sarah G. Reed  
 Wife ~~Wife~~

Father's Name \_\_\_\_\_ Mother's Name Susan Kent

Cause of Death { Primary Pneumonia A.B. One week  
 Immediate Exhaustion. Accident, Suicide, Homicide

Reported by No. Physician in attendance  
 Address Seen by John Ridout, Md. after death.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Idie V. King

Town

County

Died at

MARYLAND

East Port

Anne Arundel

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1901

Jan 28

Age

35

Md

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 3

Husband

of

Wife

Father's

Mother's

Name

James E. King

Daniel W. Carr

Maiden Name

Parlene Anniger

Cause of

Primary

Death

Immediate

Pneumonia

How long sick

2 days

Accident, Suicide, Homicide

Reported by

Geo Wells Md

Address

Annapolis

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895





TO BE ANSWERED BY  
NEAREST FRIEND

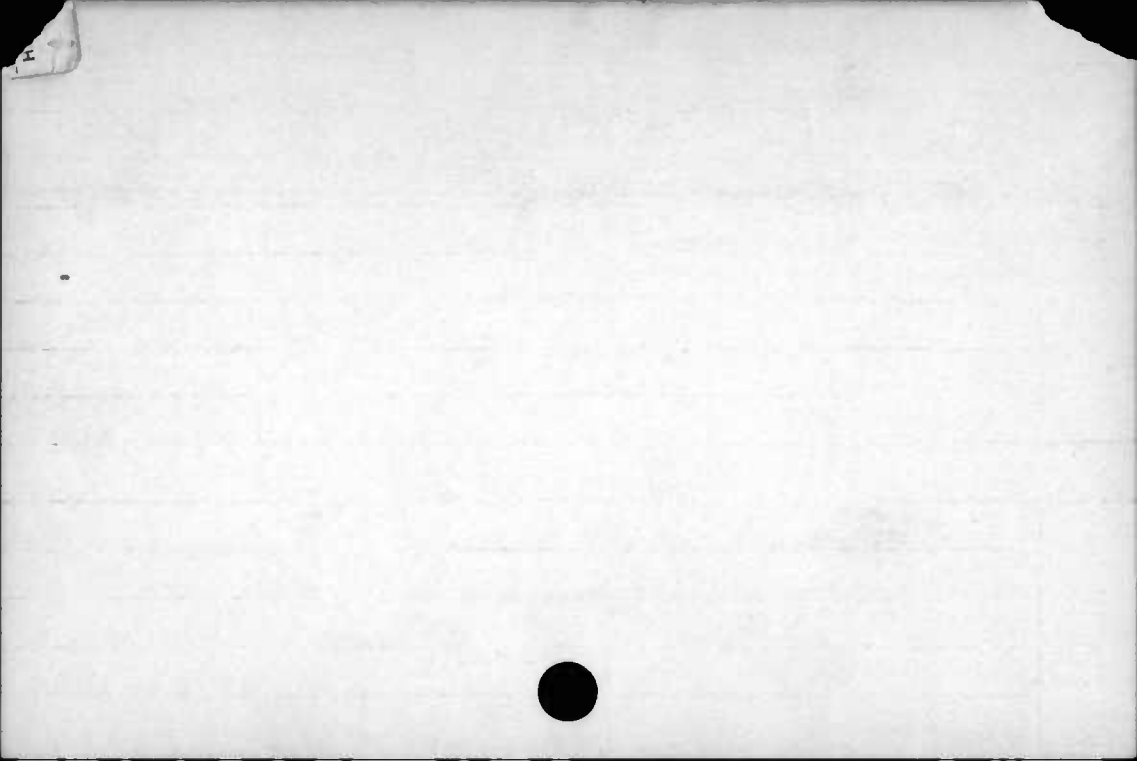
CERTIFICATE OF DEATH.

Died at <i>Fairfield</i> <sup>Town</sup>			County <i>Cc</i>		MARYLAND	
Date of death 1902	Month <i>1</i>	Day <i>7</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Col</i>		Birth-place <i>Fairfield</i>			
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>						
Father's Name <i>Nat Levi</i>			Father's Birthplace <i>Ma</i>			
Mother's Maiden Name <i>Nancy Jackson</i>			Mother's Birthplace <i>Ma</i>			
Name of person giving information <i>Nat Levi</i>			How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still Born</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas. D. Brooke</i>
	Address <i>Brooklyn</i>
Accident or Suicide? <i>—</i>	



Name in Full

Certificate of Death

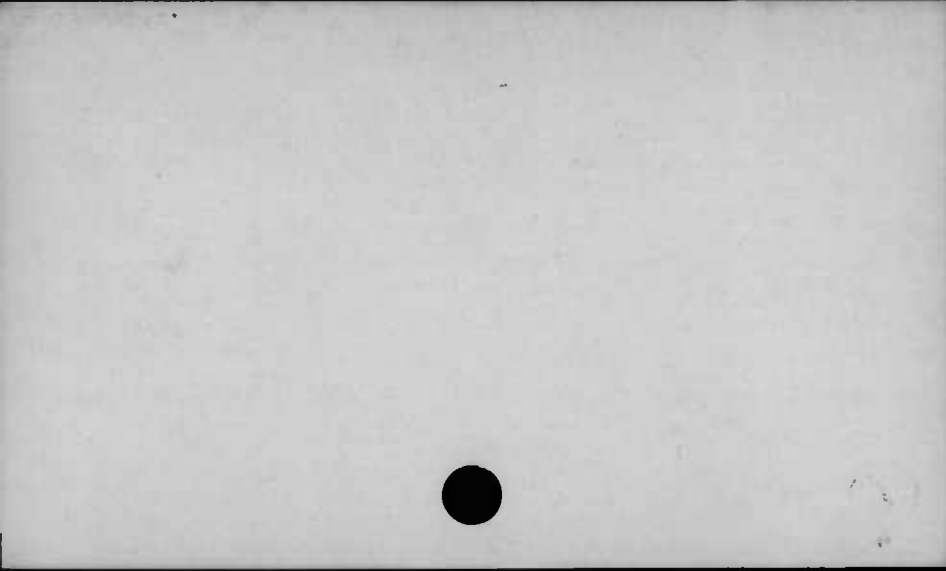
Died at *Jessup* <sup>Town</sup> *Anne Arundel* <sup>County</sup> **MARYLAND**  
 Date 19*02* <sup>Month</sup> *1* <sup>Day</sup> *-1* <sup>Y.</sup> *14* <sup>M.</sup> *-* <sup>D.</sup> *-* <sup>Native of</sup> *Mo* <sup>Occupation</sup> *-*  
 Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ <sup>Number of children living</sup> *-*

Husband of *-*  
 Wife *-*  
 Father's Name *James Lyles* <sup>Mother's Maiden Name</sup> *not known*

Cause of Death <sup>Primery</sup> *Diphtheria* <sup>How long sick</sup> *about 10 days*  
<sup>Immediate</sup> *Exhaustion* ~~Accident, Suicide, Homicide~~

Reported by *@ Carrier Mrs.*  
 Address *Jessup, Md.*

Must be signed by physician, if eny in ettendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Love Newshaw.

Town

County

Died at her home 4th Dist. Anne Arundel County, MARYLAND.

Date 1902 January 28th Age 78. 5. 27. Maryland Housewife,  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living Seven,

Wife of William Newshaw, Deceased.  
 Father's Name Mother's Name

Name Maiden Name Love Snyder.

Cause of Death { Primary Old Age, Immediate Heart Failure, 154  
 How long sick none  
 Accident, Suicide, Homicide

Reported by Jacob L. Riegel, Acting Coroner, J. P.  
 Address Glenburnie P.O. Anne Arundel Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79800



Name In Full

Certificate of Death

Pearle Estelle Mullen.

Town

County

Died at

MARYLAND

Leitch's

Anne Arundel

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Jan.

17

Age

2

0

3

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Thomas Mullen

Genette Cook

Cause of

Primary

Acute Nephritis

How long sick

10 days.

Death

Immediate

Accident, Suicide, Homicide

Reported by

A. H. Perrie. M.D.

Address

McKendree,

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75004





Name In Full

Certificate of Death

Victoria Mudock

Town

County

MARYLAND

Died at

East Port

County

Act

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 29<sup>th</sup>

Age

23 yrs

Md

House work

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living 012

Husband  
of  
WifeFather's  
Name

Dennise Mudock

Mother's

Maiden Name

Susan Johnson

Cause of

Primary

Influenza - 10

How long sick

Two weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

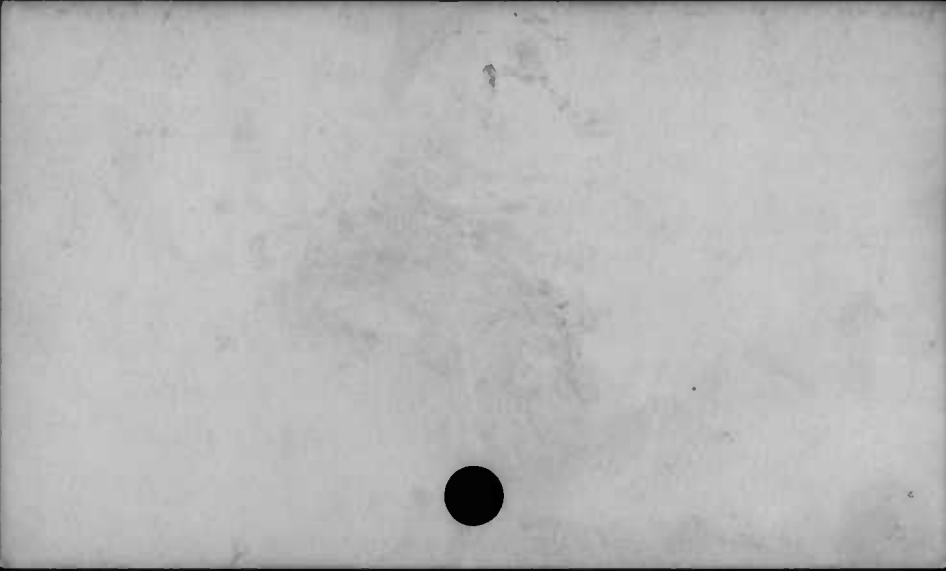
John Ridout M.D.

Address

Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coronar, undartakar or minister.

LIBRARY BUREAU, 75558



Name In Full

Eva Odell

Certificate of Death

Town

County

Died at

MARYLAND

Date 189

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Age

23

Maryland housewife

Female

Colored

Single

Number of children living

Husband  
of  
WifeFather's  
NameMother's  
Name

OVER

Cause of

Primary

Tuberculosis

How long sick

18 months

Death

Immediate

Tuberculosis

Accident, Suicide, Homicide

Reported by

Arthur Williams M.D.

Address

Elk Ridge Howard Co Md

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. \_\_\_\_\_  
of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_  
of \_\_\_\_\_

Information contained in this certificate re-  
ceived from \_\_\_\_\_  
of \_\_\_\_\_

John G. Parker

Town

County

MARYLAND

Died at

Annapolis

AA

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Jan 4th

Age

78 yr.

Md

Laborer

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living 4

Husband

of

Wife

Margaret Parker

Father's

Name

James Parker

Mother's

Maiden Name

Emily J Swann

Cause of

Primary

~~Disease~~

Apoplexy Arteries

How long sick

Twelve hours

Death

Immediate

Accident, Suicide, Homicide

Reported by

John Ridout M.D.

Address

Annapolis

Md

64

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William J. Parkinson

Town

County

Died at Annapolis Prince Georges

MARYLAND

Date 1902 Jan 18 Age 78

Month Day Y. M. D. Native of Md. Occupation Carpenter

Male White Married Widowed Divorced

Female Colored Single Widower Number of children living 3

Husband of Margratt. A. Gast

Wife

Father's Name Richard Parkinson Mother's Maiden Name Susan Welch

Cause of Primary Debility

Death Immediate

How long sick 6 mos -

Accident, Suicide, Homicide

154

Reported by W. Clement Lander M.D.

Address 1 584 John St - Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Samuel M. Parrott

Town

County

Died at

Shady Side

A.A.

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 5

Age

69 - -

Ind.

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

One

Husband

of

Eliza Simmons

Wife

Father's

Name

John Parrott

Mother's

Maiden Name

Mary Whitworth

Cause of

Primary

Valvular disease of heart

How long sick

24 days

Death

Immediate

Pulmonary Congestion

Accident, Suicide, Homicide

Reported by

Geo T. Dunt M.D.

Address

Shuckton, Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79858



Name in Full

Certificate of Death

Mary Dorothy Perry

Died at McKendree <sup>Town</sup> June <sup>County</sup> Arundel MARYLAND  
 Date 19 02 Jan 31 | Age 60 -- -- | Native of Ind | Occupation ---  
~~Male~~ Female | White | ~~Married~~ Widow | ~~Divorced~~ | Widower | Number of children living one

Husband of

Wife

Father's Name R. H. Sunderland | Mother's Maiden Name Sarah Ann Smith

Cause of Death { Primary Pneumonia | How long sick 10 days  
 { Immediate Asthenia | 93 | ~~Accident, Suicide, Homicide~~

Reported by A. H. Perrie M.D.Address McKendree, Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Maggie S. Phipps*  
 Died at *Tracey's Landing* *Anne Arundel* MARYLAND  
 Town County  
 Date 19 *02* *Jan.* *12* Age *34* — —  
 Month Day Y. M. D. Native of Occupation  
*Male* *White* *Married* *Widow* *Divorced*  
*Female* *Colored* *Single* *Widower* Number of children living *5*

Husband of *Joseph Phipps*  
 Wife  
 Father's Name *John Long* Mother's Maiden Name *Susan Matney*  
 Cause of Death *Primary Tuberculosis* *27* How long sick *8 months*  
*Immediate Asphyxia* Accident, Suicide, Homicide

Reported by *A. N. Perrin*  
 Address *McKendree* *Ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Grace Pinkney

Town

County

Died at

MARYLAND

Date 189

12

Month

Day

Jan 13

Age

55

Y.

M.

D.

Native of

City

Occupation

Lumber

Female

Colored

~~Married~~

Widow

~~Divorced~~~~Widower~~

Number of children living

5

Husband

of

Wife

Father's

Name

Aron Johnson

Mother's

Name

Grace Johnson

Cause of

Primary

Constipation

How long sick

Sudden death

Death

Immediate

Apoplexy

Accident, Suicide, Homicide

Reported by

Address

William Bishop M. I.  
12 Canal Wick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968





Name in Full

Certificate of Death

Died at

Date

Husband  
of  
WifeFather's  
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mary Poole

Town

County

Waterbury

Anne Arundel

MARYLAND

1902

Month

Day

1 5

Age

3

Native of

Md

Occupation

~~Male~~~~White~~

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Mother's  
Name

Sarah Turner

Primary

Blow on head

How long sick

10 days

Immediate

Convulsions

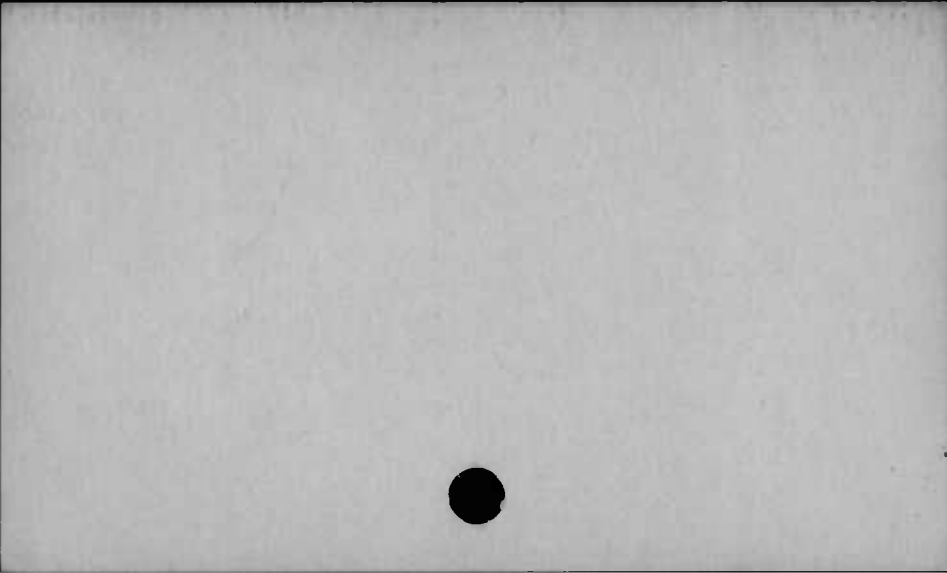
Accident, Suicide, Homicide

A. B. Bryant

M. D.

Md

LIBRARY BUREAU, 85968



Name in Full

Certificate of Death

Addison Ridout

Town

County

Died at Annapolis, A.A.G.

MARYLAND

Date 1902 Month Jan Day 30 Y. 75 M. 8 D. 8 Native of Annapolis Occupation

Male

White

~~Married~~~~Widow~~~~Deceased~~~~Female~~~~Colored~~

Single

~~Widow~~

Number of children living

Husband of

Wife

Father's Name John Ridout Mother's Name Prudence G. Owings Maiden Name

Cause of Death Primary Senility 154 How long sick Some months

Death Immediate Exhaustion Accident Suicide Homicide

Reported by Wm G. Ridout, Jr.

Address Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76009



Brentus Skinner

Town

County

Died at Annapolis Junction Anne Arundel MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 1 17 Age about 70 Maryland none

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband of \_\_\_\_\_

Wife

Father's

Name

Not Known

Mother's

Maiden Name

not Known

Cause of

Primary

Burnt to death in House

How long sick

Death

Immediate

Supposed to be

Accident, ~~Suicide~~, Homicide

Reported by

L. H. E. Hasler Justice of the Peace

Address

Annapolis Junction A. A. County

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

He d



Name in Full

Certificate of Death

Frank Snowden  
 Died at <sup>Town</sup> Eastport <sup>County</sup> Anne Arundel MARYLAND  
 Date 19 <sup>Month</sup> 02 <sup>Day</sup> Jan <sup>Y.</sup> 3rd <sup>Age</sup> 48 <sup>M.</sup> <sup>D.</sup> Md <sup>Native of</sup> <sup>Occupation</sup> Laborer  
 Male ~~Female~~ ~~White~~ ~~Colored~~ Married ~~Widow~~ ~~Divorced~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband of Martha Snowden  
 Wife  
 Father's Name  
 Mother's Name  
 Maiden Name

Cause of Death { Primary Cordiac Asthma  
 Immediate Dropsy  
 How long sick 4 days  
 Accident, Suicide, Homicide

Reported by J. W. Adams, Bishop,  
 Address 34 Calvert St. Annapolis Md  
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

cardiac asthma  
of the human ear

Cardiac Asthma

Dropsy  
4 months



Helen Spencer

Died at <sup>Town</sup> Annapolis <sup>County</sup> A.A. MARYLAND

Date 1902 Jan 26<sup>th</sup> Age — 2 — Native of Md. Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female Colored Single Widower Number of children living

Husband  
of  
Wife

Father's Name Wm Spencer Mother's Name Alice Smith  
 Maiden Name

Cause of Death { Primary Infection of the lungs  
 Immediate Exhaustion } How long sick Since birth  
 Accident, Suicide, Homicide

Reported by Hammond Hall Undertaker  
 Address Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Henrietta Taylor

Town

County

MARYLAND

Died at Annapolis Anne Arundel

Date 1902 Jan 4<sup>th</sup> Age 77 Y. M. D. Native of N. Y. Occupation none

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 2

Husband of \_\_\_\_\_

Wife \_\_\_\_\_

Father's Name Frank Greer Mother's Maiden Name Henrietta Thomas

Cause of Death Primary Immediate Attack of Gripe

How long sick 9 days.

Accident, Suicide, Homicide

Reported by Geo Wells M.D.

Address Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Town

County

Died at Oregon June 1898

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	1	3	3	2		Ind	

~~SECRET~~

Married

~~Widow~~

~~Divorced~~

Colored

Single

Widower

Number of children living

Husband of \_\_\_\_\_

Father's Name Ernest Watts

Mother's Name Caroline Watts

Cause of	Primary	<i>Pertussis</i>	How long sick <i>4 weeks</i>
Death	Immediate	<i>Convulsions</i>	<del>Accident</del> , Suicide, Homicide

Reported by E. Hammond

Address Leesburg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

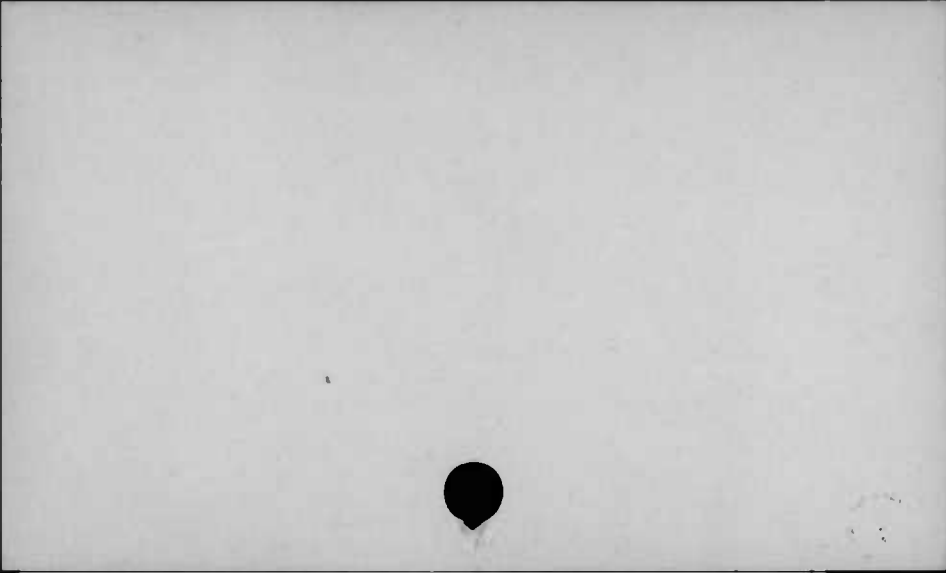
Certificate of Death

*Mary Keems*  
 Died at *Churchton* Town County *A.A.* MARYLAND  
 Date 1902 *Jan 28* Month Day Y. M. D. *Ind* Native of Occupation  
~~Male~~ White Married Widow ~~Divorced~~  
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living *4*

Husband of  
 Wife  
 Father's Name *Thos. Gorman* Mother's Maiden Name *Mary Carman*  
 Cause of Primary *Cholera Morbus* How long sick *4 days*  
 Death Immediate *Exhaustion* *13* ~~Accident, Suicide, or Homicide~~

Reported by *Geo T. Dent, M.D.*  
 Address *Churchton, Ind.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full

Certificate of Death

William Henry White

Town

County

Died at

Robinson's Anne Arundel Co

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 15

Age

1

ms

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

Husband  
of

Wife

Father's

Name

Charles White

Mother's

Maiden Name

Elizabeth White  
don't know

Cause of

Primary

grippe &amp; duthing

How long sick

Death

Immediate

convulsions

Accident, Suicida, Homicide

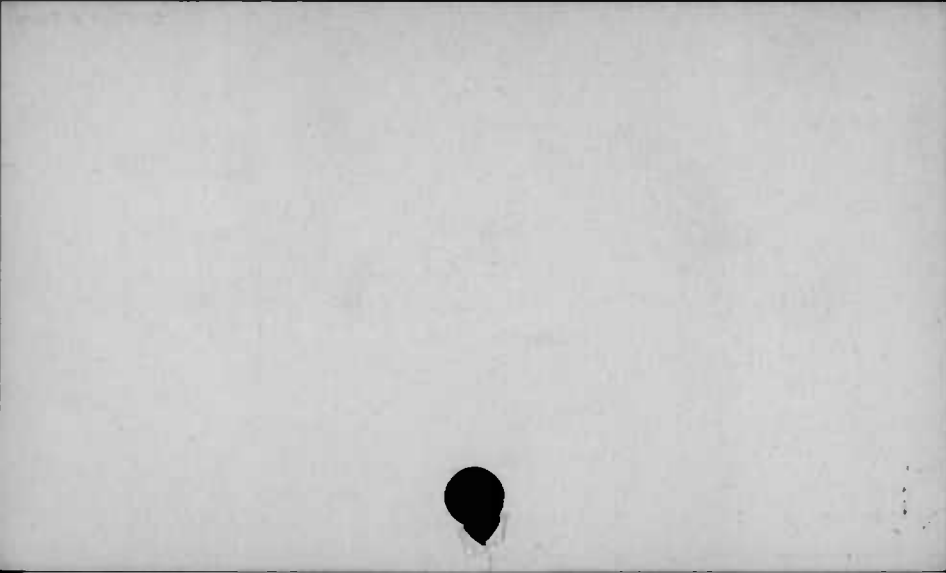
Reported by

Thomas A. Brayshaw M.D.

Address

Glen Burnie A.P. Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

James R. Williams

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Annapolis Anne Arundel

Age

48 5

Md

Sailor

Male

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

~~Number of children living~~Husband  
of  
Wife

Father's

Mother's

Name

Maiden Name

James R. Williams

Mary E. Ransom

Cause of

Primary

Tuberculosis

How long sick

8 months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Geo Wells, M.D.

Address

Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name in Full

Certificate of Death

not named.

Died at Baeris Town Ana Arundel County MARYLAND

Date 1902 Jan. 24 Y. 3 M. days Native of md. Occupation Chlor

Male White Married Widow Divorced Female Colored Single Widower Number of children living

Husband of Howard Wilson Mother's Name Lena Anderson

Wife Howard Wilson Name Lena Anderson

Cause of Death Primary Heart failure 15 How long sick 15

Death Immediate — Accident, Suicide, Homicide

Reported by J. R. Beatty

Address Saunder Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Permit issued  
Jan. 28.02.

not recorded

Attended by Dr. \_\_\_\_\_

of \_\_\_\_\_

Seen by Coroner \_\_\_\_\_

of \_\_\_\_\_

Information contained in this certificate received from \_\_\_\_\_

of \_\_\_\_\_

*2 Daniel Wise*

Town

County

Died at *Annapolis Annapolis*

MARYLAND

Date 1902 Jan 9 Age 38 Native of *Ireland* Occupation *Longer*

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of

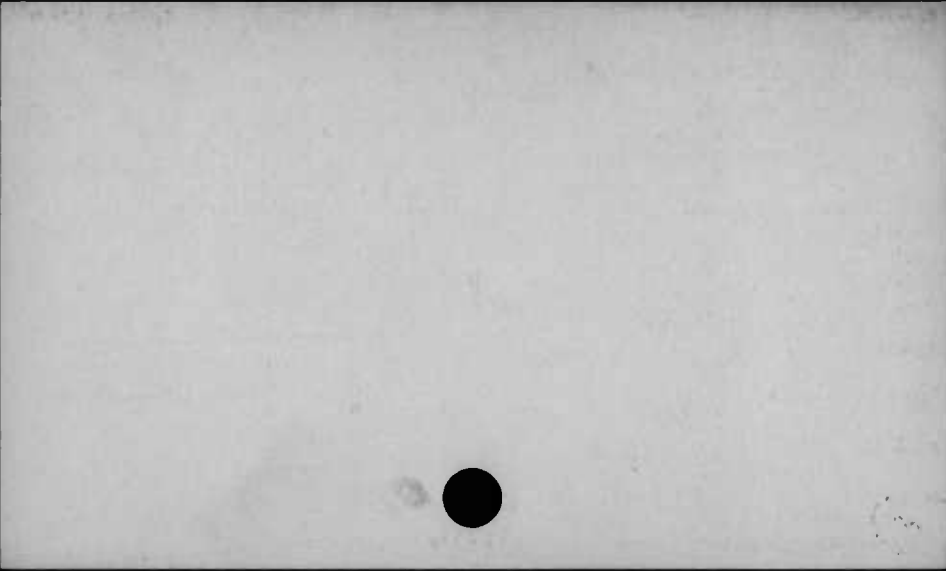
Wife *179*  
 Father's Name *179* Mother's Name  
 Maiden Name

Cause of Death { Primary *Champs* Immediate  
 How long sick *1 day*  
 Accident, Suicide, Homicide

Reported by *John N Davis Coroner*

Address *Annapolis Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name In Full

Certificate of Death

Elizabeth Woodfield

Town

County

Died at

Shady Side

a.a. Co.

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

1

21

Age

83

Md

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

Colored.

~~Single~~~~Widower~~

Number of children living

Six

Husband of

Wife

Father's

Name

Mother's

Maiden Name

John H. Woodfield

John Smith

Susan Randall

Cause of

Primary

Cerebral Haemorrhage

How long sick

4 days

Death

Immediate

Paralysis

Accident, Suicide, Homicide

Reported by

Dr. C. B. Boyd

64

Address

Shady Side

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Andrew Woolhizer

Town

County

Died at

Shady Side

A. A.

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 30

Age

81

New York

Carpenter

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

of

Amelia Witt

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Grip

10

How long sick

5 days

Death

Immediate

Paralysis

Accident, Suicide, Homicide

Reported by

Geo. B. Dent M.D.

Address

Chuckton

Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

